

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

41/801,322

FILING DATE

3-7-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32	1					
33		2				
34		2				
35		2				
36		1				
37		1				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		1				
47	1					
48	1					
49		2				
50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		1				
53		1				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61		2				
62		1				
63	1					
64	1					
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.		50				
TOTAL CLAIMS	56					